

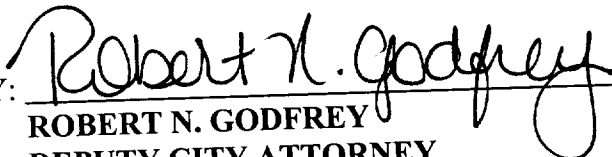
Entered - 11/02/00 - sb
CL00L0667 - DIANNE C. MITCHELL

CLAIM OF: **CHRISTOPHER COLLINS-OGLES**
1233 Euclid Avenue
#C
Atlanta, Georgia 30307

01-12-0381

For damages alleged to have been sustained as a result of vehicular
damage due to a pothole on October 15, 2000 on Oakdale Road, NE.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0667

Date: February 21, 2001

Claimant /Victim CHRISTOPHER COLLINS-OGLES

BY: (Atty)(Ins. Co.) _____

Address: 1233 Euclid Avenue, #C, Atlanta, Georgia 30307

Subrogation: _____ Claim for Property damage \$ 79.13 Bodily Injury \$ _____

Date of Notice: 10/31/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 10/15/00 Place: Oakdale Road, NE

Department Public Works Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that his vehicle was damaged when he drove over a pothole in the roadway. The claimant has now withdrawn his claim and does not wish to pursue same.

INVESTIGATION:

Statements: City employee _____ Claimant X Others _____ Written _____ Oral X

Pictures X Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial X

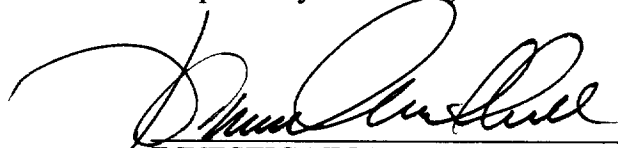
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 02-27-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 10-25-2000

Dear Municipal Clerk:

ENTERED - 11-2-00 - SB
00LO667 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 19.13 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 10-15-2000 (month/day/year) 2. Time of Incident: Approx 11:30 PM 3. Police called: Yes ☒ No ☒

4. Location of incident (including street address): On Oakdale, N. of Ponce de Leon

5. Name of your insurance company: Griego Policy No. 576-74-10

6. State what and how incident occurred: I was on Oakdale south of N. Decatur Rd. Just short of crossing over Ponce de Leon St. I hit a pot hole in the Road with my RT front tire. It caused my tire to blow. I called Griego Road Service to repair with Spair. The next day I went to buy a new tire.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Nissan 96200SE 348-XSE Christopher Collins-Ogles
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: (Make) (City Driver's Name) (Department/Bureau)

9. Witness: Tina Pantier 1233 Euclid Ave #C 404-584-5435
(Name) (Address) Atlanta, GA 30307 (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Christopher Collins-Ogles
(Print Claimant's Name)

1233 Euclid Ave #C
(Address)

Atlanta GA 30307
(City, State and Zip Code)

01-R-0381

678-665-1010 404-584-0348
(Work Number) (Home Number)

351-1963